

HAUPPAUGE PUBLIC SCHOOLS

Data Processing Office
Mailing Address: P.O. Box 6006, Hauppauge, NY 11788

CHANGES TO HOUSEHOLD AND EMERGENCY INFORMATION

Student(s) Name _____ DOB _____ School/Gr _____
(Please Print Clearly - Last Name, First Name)

I hereby authorize the following changes be made to my child/children's records effective as of this date _____

ADDRESS CHANGE: (Proof of Residency for "Primary Home" must be provided at time of request)
If child does not reside with parent, please indicate if "Secondary Mailing" [] and Parent Name _____

NEW ADDRESS	
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PHONE NUMBER CHANGES: PARENTS (Select ONE phone number ONLY for Messenger Service - phone # cannot have an extension) ▼	
Mother/Guardian Name: (Indicate if Household Member)	Home #: _____ Cell #: _____ Work #: _____ Pager: _____
Father/Guardian Name: (Indicate if Household Member)	Home #: _____ Cell #: _____ Work #: _____ Pager: _____

PHONE NUMBER CHANGES - OTHER HOUSEHOLD or NON-HOUSEHOLD MEMBERS: Please indicate below Person's Name, Relationship to Student and Type of Contact* - (Indicate if Household Member)	
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name: _____ Relationship to Student and Type of Contact*: _____	Home #: _____ Cell #: _____ Work #: _____ Pager: _____
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name: _____ Relationship to Student and Type of Contact*: _____	Home #: _____ Cell #: _____ Work #: _____ Pager: _____
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name: _____ Relationship to Student and Type of Contact*: _____	Home #: _____ Cell #: _____ Work #: _____ Pager: _____
Check one - CHANGE [] ADD [] DELETE [] (Please Print Clearly) Contact Name: _____ Relationship to Student and Type of Contact*: _____	Home #: _____ Cell #: _____ Work #: _____ Pager: _____

Parent/Guardian Name _____ Signature _____
(Please Print Clearly)

*Type of Contact: M = Medical; M/C = Medical and Closing; C = Closing

Date: _____

SWORN TO
This _____ day of _____, 200__